

<b>United States Bankruptcy Court</b> <b>For the Eastern District of Virginia</b>		<b>PROOF OF CLAIM</b> <b>Chapter 11</b>								
<b>Name of Debtor:</b> Circuit City Stores, Inc.	<b>Case Number:</b> <b>08-3-5653 KRH</b>	No. 2431								
Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.										
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b> Prince George's County, Maryland	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.									
<b>Name and address where notices should be sent:</b> Prince George's County, Maryland c/o Meyers, Rodbell & Rosenbaum, P.A. 6801 Kenilworth Avenue, Suite 400 Riverdale, Maryland 20737-1385	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.									
<b>Telephone No.</b> 301-699-5800	<b>Account or other number by which creditor identifies debtor:</b> <b>16-3987575-10</b>									
Check here <input type="checkbox"/> replaces a previously filed claim dated if this claim: <input type="checkbox"/> amends										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1. Basis of claim:</b>  <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input checked="" type="checkbox"/> Taxes  <input type="checkbox"/> Other (describe briefly) Fiscal Year 2009 Personal Property Taxes                         </div> <div style="width: 45%; text-align: center;"> <div style="font-size: 4em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 0; left: 0;">COPY</div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)  <input type="checkbox"/> Wages, salaries and commissions (fill out below)                              Last four digits of SS#: _____                              Unpaid compensation for services performed from _____ to _____                         </div> </div>										
<b>2. Date debt was incurred:</b> <b>Date of Finality: 1/1/2008</b> <b>Due Date: 7/1/2008</b>	<b>3. If court judgment, date obtained:</b>									
<b>4. Total Amount of Claim at Time Case Filed:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(unsecured)</td> <td style="width: 33%; text-align: center;">(secured)</td> <td style="width: 33%; text-align: center;">(priority)</td> <td style="width: 33%; text-align: center;">(Total)</td> </tr> <tr> <td style="text-align: center;">\$19,565.27</td> <td style="text-align: center;">\$19,565.27</td> <td></td> <td style="text-align: center;">\$19,565.27</td> </tr> </table>			(unsecured)	(secured)	(priority)	(Total)	\$19,565.27	\$19,565.27		\$19,565.27
(unsecured)	(secured)	(priority)	(Total)							
\$19,565.27	\$19,565.27		\$19,565.27							
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.										
<b>5. Secured Claim.</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Personal Property Taxes Value of Collateral: Unknown Amount of arrearage and other charges at time case filed included in secured claim, if any: \$19,565.27	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>									
<b>6. Unsecured Nonpriority Claim</b> <input type="checkbox"/> Check this box if: a) there is no collateral of lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.										
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.										
<b>Date:</b> 4/21/2009	Sign and print the name and title, if any, of the creditor or person authorized to file this claim (attach copy of power of attorney, if any)  /s/M. Evan Meyers, Counsel for Prince George's County, Maryland									

RECEIVED  
 APR 27 2009  
 KURTZMAN CARSON CONSULTANTS

**EXHIBIT "A"**

**PROOF OF CLAIM BY  
PRINCE GEORGE'S COUNTY, MARYLAND  
FOR PERSONAL PROPERTY TAXES  
IN THE BANKRUPTCY OF  
CIRCUIT CITY STORES, INC.  
CHAPTER 11 CASE NO. 08-3-5653 KRH**

In regard to: Personal Property Tax Account Number 16-3987575-10

**ORDER IN WHICH PAYMENTS ARE TO BE APPLIED:**

- 1) Pre-petition interest & penalty
- 2) Total base tax, plus post-petition interest

**PAYMENT CALCULATION:**

<b><u>ITEM</u></b>	<b><u>AMOUNT</u></b>	<b><u>ANNUAL INTEREST RATE</u></b>
Pre-petition interest & penalty	\$0.00	0%
Total base tax	\$19,565.27	8.00%
	\$19,565.27	

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The fiscal year 2009 Personal Property Tax bill is based on an assessment made as of January 1, 2008, became due on July 1, 2008, and delinquent as of February 1, 2009. As to this account, claimant claims base tax in the amount of \$19,565.27 as of the petition date, November 10, 2008. From February 1, 2009, interest accrues at the statutory rate of 8% per annum on the amount of \$19,565.27 in the monthly amount of \$130.44 per month until the tax is paid in full.

Tax Lien

The above-referenced taxes constitute a first lien on the property owned by the Debtor located in Prince George's County, Maryland pursuant to Sections 14-804 and 14-805 of the Tax Property Article of the Annotated Code of Maryland.

04/21/09 14:04:43 CORPORATION DETAIL INQUIRY IQ003S03 V23  
PG 1 OF 1 PID DT/TM 08343 15:08:17  
==> FY 2009 ACCTNO 3987575 BTYPE 7 DS 16 OLDACCTNO -  
STATE ID F01227743 TWNCD 88  
BNAME CIRCUIT CITY STORES, INC.  
BUS LOC  
STATE 0 COUNTY 676180 TOWN/SN 0 TL/PP 1095960  
INV# 001 CNT 13496.55 CERTNO 000000 TICKNO 000013  
TXCL 38 TWNCD/CL 88 00 STA 0.00  
TRCD 09 P&P 4716.36 LEN 0.00 LIENCD  
TRDT 12 08 08 SAN 912.84  
TRTM 15081 MUN 0.00  
LEGIN WSTC 439.52 BATCHNO DLQ DATE 02 09  
LEGINF TOT TAX 19565.27 DATE PAID  
RECV 0.00 RIP 0.00 TOT REC 0.00 MEMO  
REFD 0.00 RFPD CHCKNO RFB# DPY N  
TOT 19565.27 STATUS 1  
MON YR INT/PEN AMT DUE  
APR 2009 978.26 20543.53  
MAY 2009 1304.35 20869.62

USR116092 - LAST PAGE; NO MORE DATA

PF3=FYR PF4=MN PF6=ORS PF7=BWD PF8=FWD PF10=PI PF14=BYR PF12=MM MEMO=PF19